

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**  
 04-09-2001 90003 049 \*\*\*150.00

0007934

**DOCUMENT # S88565**

1. Entity Name  
**L.C.P. DEVELOPMENT CORP.**

Principal Place of Business  
**5 MARKET PLACE, UNIT 4  
 PALM COAST FL 32137**

Mailing Address  
**L.C.P. DER CORP.  
 5 MARKET PLACE COURT UNIT 4  
 PALM COAST FL 32137**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3 Industry Dr**  
 Suite, Apt. #, etc.  
**Suite 2A**  
 City & State  
**Palm Coast FL 32137**  
 Zip  
**32137** Country  
**Fla**

3. Mailing Address  
**3 Industry Dr**  
 Suite, Apt. #, etc.  
**# 2A**  
 City & State  
**Palm Coast FL 32137**  
 Zip  
**32137** Country  
**Fla**

4. FEI Number **59-3113651**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CONNER, TIMOTHY J.  
 1 FLORIDA PARK DRIVE NORTH  
 SUITE 110  
 PALM COAST FL 32137**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	PECHMAN, LOUIS	5 MARKET PLACE, UNIT 4	PALM COAST FL	<input type="checkbox"/>
SD	PECHMANN, CAMILLE	5 MARKET PLACE, UNIT 4	PALM COAST FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Camille Pechmann*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/3/01 Daytime Phone #: 904-446-5455

CR2E034 (10/00)